

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 26, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Rojo's Goods, 824 'P' Street requesting a class D liquor license.

Christy McMahan has requested that she be approved as the manager of the liquor license.

Background information on Ms. McMahan will be omitted as she has been approved by Council as a current liquor license manager.

Ms. McMahan completed the required training on 2-14-08.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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rs

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input checked="" type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|-----------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License (requires insert form 1) |
| <input type="checkbox"/> | Partnership License (requires insert form 2) |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c) |
| <input type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Christy Phone number: 890-8867-438-6288 ^{BAR}

Firm Name _____

PREMISE INFORMATIONTrade Name (doing business as) BoJo's Good SStreet Address #1 824 P. St. Suite 100 Lincoln, Ne. 68508

Street Address #2 _____

City LincolnCounty LancasterZip Code 68508

X Premise Telephone number _____

X Is this location inside the city/village corporate limits:

☐

YES

☐

NO

Mail address (where you want receipt of mail from the commission)

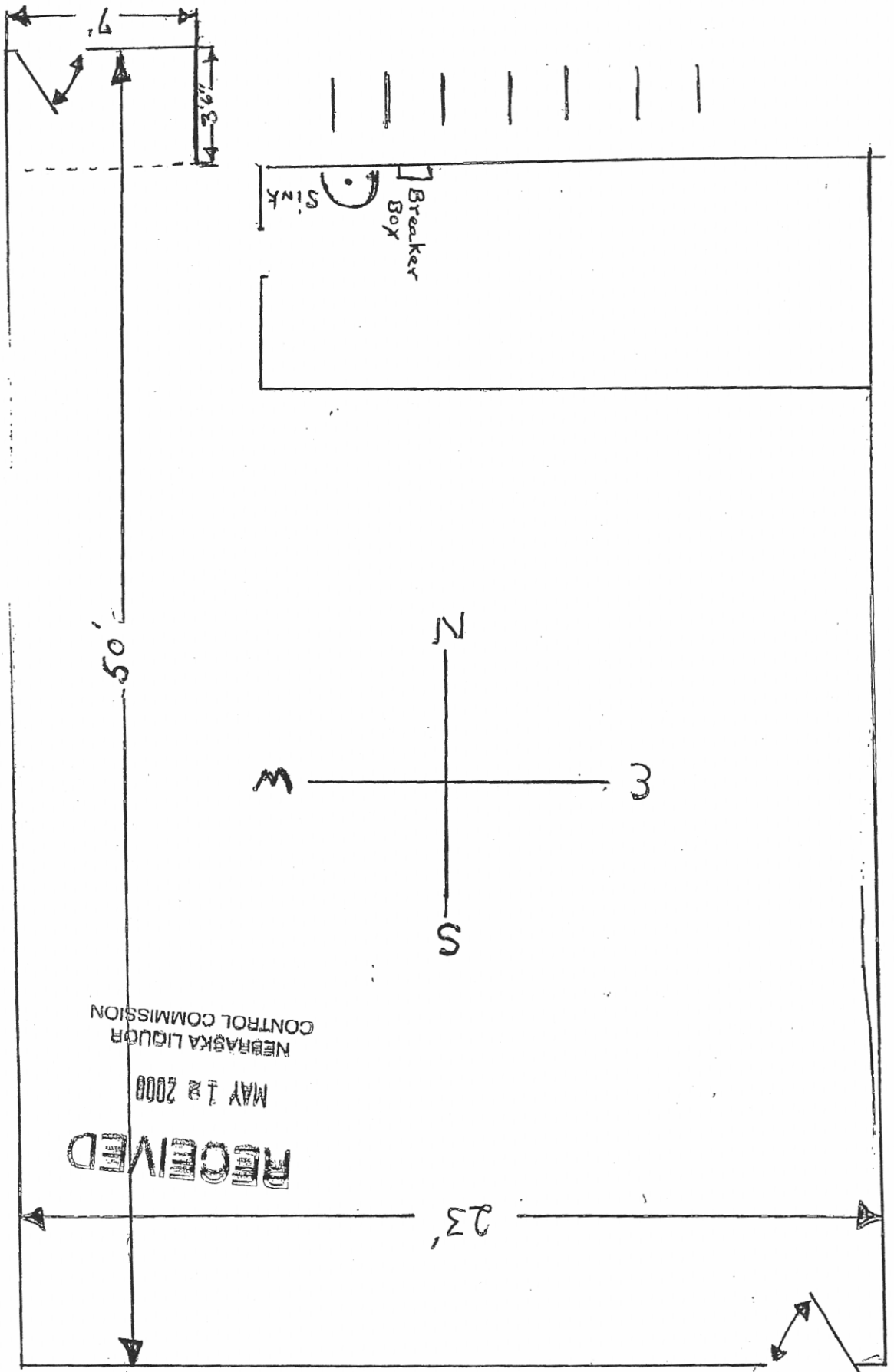
Name Mary E Vos (Vos)Street Address #1 3538 Cape Charles Rd. E.

Street Address #2 _____

City LincolnCounty LancasterZip Code 68516**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

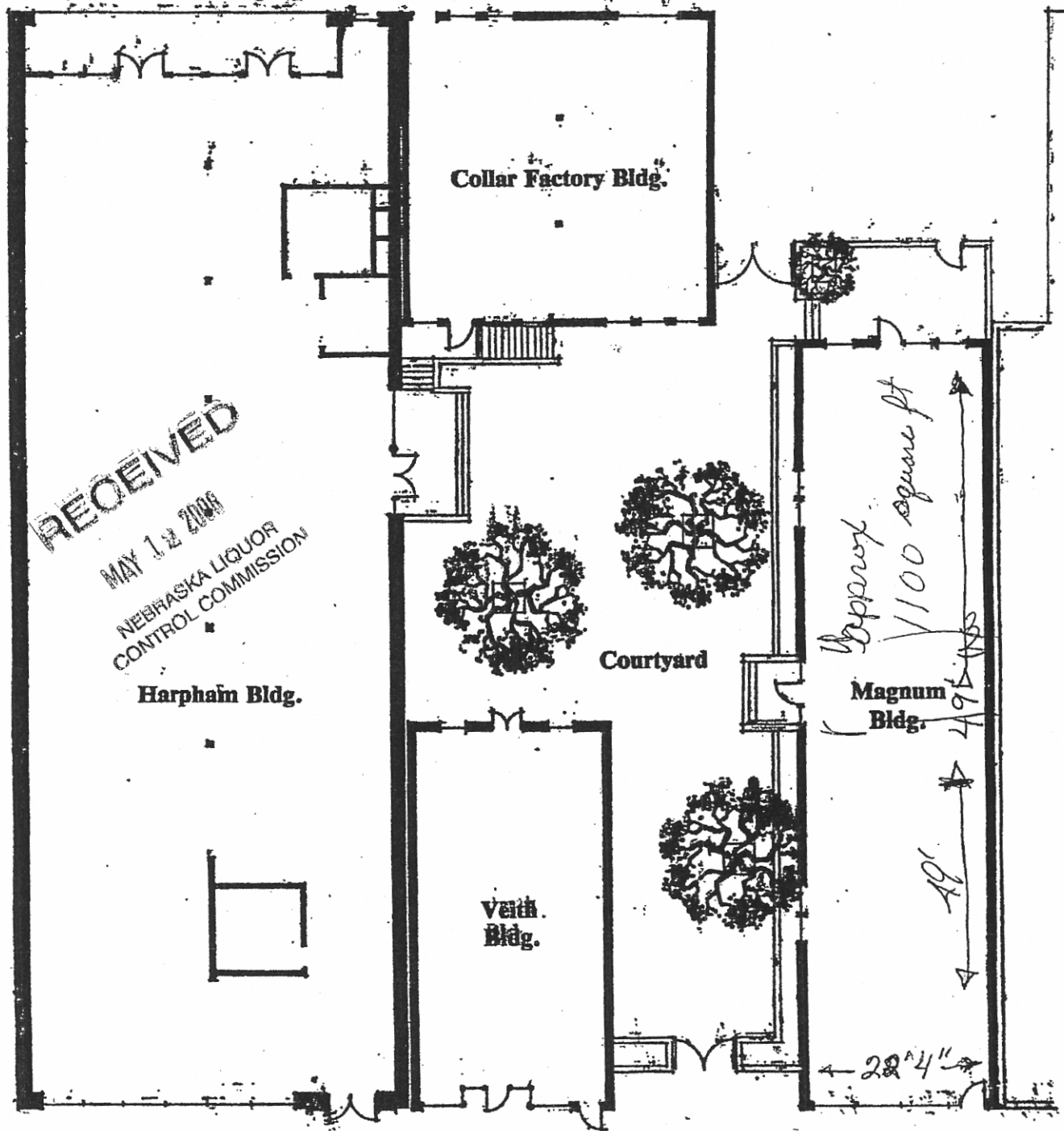
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

23' x ~~44'~~ 50'



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NEBRASKA LIQUOR
CONTROL COMMISSION

Call me 560-3113



"P" Street

ATTACHMENT 1



APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

- X 8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

~~OGALA Enterprises Inc~~ DBA Jack's Bar & Grill 100 W. 8th St Lincoln, NE. 68508
John T. Kos owner / Christy E. McMahon Manager license #54832

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Christy E. McMahon / 20 hrs roughly

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

Serving alcohol for 8 yrs / manager / manager / manager class completed through NE Hospitality
currently manager of Jack's Bar & Grill

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date August 2010

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? July 1st 2008

16. What will be the main nature of business? Casualties / Beer / Liquor / Tobacco

17. What are the anticipated hours of operation? Mon-Thurs 8am-10pm Fri/Sat. 8am-11pm Sun?

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

MAY 12 2008

Christy McMahon
Signature of Applicant

Mary E. Kos
Signature of Applicant

John T. Kos
Signature of Applicant

Signature of Applicant

Signature of Applicant

NEBRASKA LIQUOR
CONTROL COMMISSION

John T. Kos
Signature of Spouse

Mary E. Kos
Signature of Spouse

Signature of Spouse

Signature of Spouse

State of Nebraska

County of

Lancaster

The foregoing instrument was acknowledged before me this 5-12-08 by Mary E Kos,
John T Kos

Lorena Crowe
Notary Public signature

Affix Seal Here



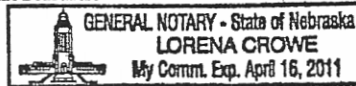
County of

Lancaster

The foregoing instrument was acknowledged before me this 5-12-08 by Mary E Kos,
John T Kos

Lorena Crowe
Notary Public signature

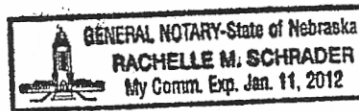
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in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

The foregoing instrument was acknowledged before me this 12th day of May, 2008 by Christy McMahon.
State of Nebraska
County of Lancaster

Rachelle M. Schrader



APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Mary E. KOS

Name of Corporation that will hold license as listed on the Articles

RoJo's Goods Inc.

Corporation Address: 824 P Street St. 100

City: Lincoln State: NE Zip Code: 68508

Corporation Phone Number: _____ Fax Number: _____

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: McMahan First Name: Christy MI: E

Home Address: 1207 W. Sewall City: Lincoln, NE

State: NE Zip Code: 68522 Home Phone Number: 402 890 8867

Christy McMahan

Signature of president

County of Lancaster
state of Nebraska

The foregoing instrument was acknowledged before me this 8th day of May, 2008 by
Christy McMahan.

Rachelle M. Schrader

Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: McMahan First Name: Christy MI: E

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Mary C. Kos First Name: Mary MI: C

Social Security Number: _____ Date of Birth: _____

Title: Vice-President Number of Shares: _____

Spouse Full Name (indicate N/A if single): J. T. Kos II

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kos II First Name: John MI: T

Social Security Number: _____ Date of Birth: _____

Title: Sec/Treasurer Number of Shares: _____

Spouse Full Name (indicate N/A if single): Mary C. Kos

Spouse Social Security Number: _____ Date of Birth: _____

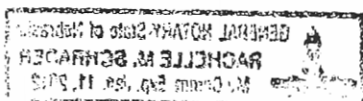
Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____



Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: _____ Ending Date: _____

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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Corporate manager, including their spouse, are required to adhere to the following requirements:

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Rojo's Woods Inc.

Premise information

Premise License Number: 26-2543918 EJM

Premise Trade Name/DBA: Rojo's Woods

Premise Street Address: 824 P. St. Suite 100

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-890-8867

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Christy M. Mahan

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: McMahan First Name: Christy MI: E.

Home Address (include PO Box if applicable): 1207 W. Sewell

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: 890-8867 Business Phone Number: 438-6288

Social Security Number: _____ Drivers License Number & Sta _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
621 Capital Beach Blvd Lincoln, NE		'99	421 Capital Beach Blvd Lincoln, NE		'99 01
621 Surfside Dr Lincoln, NE			621 Surfside Dr Lincoln, NE		'82 '04
			1207 W. Sewell Lincoln, NE		'04 '08

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
'99	'02	Matt's Bar	Jodi Maughan	Deceased
'03	'08	Jack's Bar & Grill	Mary E. Kos	430-9729

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☒ NO

Oklala Inc. DBA Jack's Bar & Grill

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

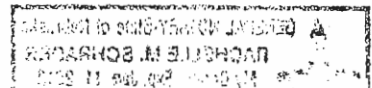
☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO



PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Christy McManis
Christy McManis

Signature of Manager Applicant

State of Nebraska

County of Lancaster

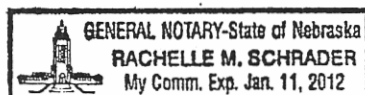
The foregoing instrument was acknowledged before me this 5th day of May, 2008 by

Christy McManis

Rachelle M. Schrader

Notary Public signature

Affix Seal Here



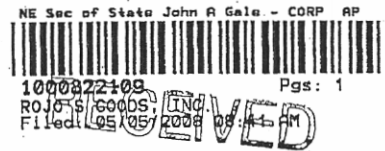
Signature of Spouse

County of _____

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

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ARTICLES OF INCORPORATION

OF

ROJO'S GOODS, INC.

MAY 12 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned, Darrell K. Stock, acting as incorporator of a corporation under the Nebraska Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation shall be Rojo's Goods, Inc.

ARTICLE II

The aggregate number of shares which this corporation shall have authority to issue is 10,000 shares of common stock having a par value of \$1.00 each.

All transfers of the shares of this corporation shall be made in accordance with the provisions of the By-Laws of the corporation.

ARTICLE III

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation in the manner now and hereafter permitted by law, and all rights conferred upon shareholders herein are granted subject to this reservation.

ARTICLE IV

The address of the initial registered office of the corporation is 100 N. 8th St., Lincoln, NE 68510 and the name of the initial registered agent at such address is Christy E. McMahon.

ARTICLE V

The name and street address of the incorporator is as follows:

Darrell K. Stock
1115 "K" St., Suite 104
Lincoln, NE 68508

WITNESS my signature in execution hereof this 5th day of May, 2008.

Darrell K. Stock, Incorporator

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

LINDA NEBRASKA

STANLEY BARCOPER
ASSISTANT STATE REGIONAL
DEPARTMENT OF HEALTH AND
HUMAN SERVICES
NEBRASKA LIQUOR
CONTROL COMMISSION

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